

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							Serial No. <u>440260</u> Filing Date <u>11/15/99</u> Applicant(s)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			USD.		OCF.		USD.		OCF.	
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37							97								
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Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/17/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
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Total Indep	5		5			
Total Depend			37			
Total Claims	43		43			

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